

LA TEST # 8**FORMS REQUIRED: FORM 1040, FORM 8812, SCHEDULE E, IT540B, PART YEAR, SCH D**

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:**LA SPECIAL SESSION CHANGES****INSURANCE ASSESSMENT REFUND: \$250****INSURANCE COMPANY NAME: STATE FARM****INSURANCE POLICY NUMBER: 18-00-2444-1 G**

THIRD PARTY DESIGNEE:

YES

JONE DONE

PHONE:

252-291-2345

PIN:

12456

PREPARED BY:

TAXPAYER:NAME:

LATEST Y INSIGHTFUL

SSN:

400-00-4311

DOB:

4/21/1970

OCCUPATION:

INVESTMENT SPECIALIST

DISABLED:

NO

PRES ELEC FUND:

YES

DAYTIME PHONE:

404-555-1020

BLIND:

NO

CHECK DIGITS FROM IRS LABEL:

OT

ADDRESS:

512 HOWARD DRIVE

SALT LAKE CITY, UT 84713

QUALIFYING WIDOW(ER)

FILING STATUS:

LINE 6d:

2

YEAR SPOUSE DIED:

2004

DEPENDENT INFORMATION:

CHILD TAX

NAME	AGE	SSN	RELATIONSHIP	# MO
MIGHTY INSIGHTFUL	10	400-55-3221	SON	12

CREDIT

X

EIC WORKSHEET

question 1

no

question 2

no

question 3

no

THIRD PARTY DESIGNEE:

JONE DONE

PH:

252-291-2345

PIN

12456

AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNER:

109

TYLER DAVID LP La. Income 1820

735649821

CONTRIBUTION MILITARY FAMILY

100

DONATIONS

LN 1

10

LN 2

10

LN 3

10

LN 4

10

LN 5

10

Child Care Expenses

Louisiana 2400

Other State 600

LA TEST # 8

FORMS INCLUDED: FORM 1040, IT540 B

Form 1040:

Taxpayer's first name, initial, last name

LATEST Y INSIGHTFUL

Taxpayer's social security number

400-00-4311

Home address (number and street)

512 HOWARD DRIVE

City, state, and zip

SALT LAKE CITY UT 84713

Taxpayer's Presidential Election Campaign Fund

NO

Filing status

QUALIFYING WIDOWER

Year spouse died

2004

Line 6a: Yourself (exemption)

X

Number of boxes checked on 6a and 6b

1

Line 6c: Dependent #1:

Name

MIGHTY INSIGHTFUL

Social security number

400-55-3221

Relationship

SON

Qualifying child

X

Number of children who lived with you Line 6d:

Total number of exemptions claimed

2

Line 7: Wages, salaries, and tips**23100**

line 17: Rental real estate, royalties, Partnerships, etc.

1820

Line 22: Total income

24920

Line 37: Adjusted gross income

24920

Line 38: Enter amount from line 37

24920

Line 40: Itemized deductions or standard deduction

10300

Line 41: Subtract line 40 from line 38

14620

Line 42: Multiply \$3300 by the total number of exemptions claimed on line 6d

6600

Line 43: Taxable income

8020

Line 44: Tax

803

Line 46: Add lines 44 and 45

803

Line 48: Child Care credit

803

Line 56: Total credits

803

Line 57: Subtract line 56 from line 46

0

Line 63: Total tax

0

Line 64: Federal Income tax withheld

5400

Line 66a:

1131

Line 68: Additional child tax credit 8812**1000****Line 72: Total payments****6728****Line 73: OVERPAYMENT****6728****Line 74a: Amount of line 73 you want refunded to you****6728**

Third party designee:

YES

Taxpayer's occupation:

INVESTMENT SPECIALIST

Daytime phone number:

404-555-1020

LA TEST # 8**FORM W-2 #1:**

Box b:Employer identification number	43-8765411
Box c:Employer's name, address, and zip code	LA INVESTMENT BANKERS 2310 FUNDS STREET BATON ROUGE, LA 70821
Box d:Employee's social security number	400-00-4311
Box e:Employee's first name, initial, and last name	LATEST Y INSIGHTFUL
Box f:Employee's address and zip code	512 HOWARD STREET SALT LAKE CITY, UT 84713
Box 1:Gross wages	21000
Box 2:Federal income tax withheld	5000
Box 3:Social security wages	21000
Box 4:Social security tax withheld	1302
Box 5:Medicare wages and tips	21000
Box 6:Medicare tax withheld	305
Box 15:State Employers State ID	LA3521016001
Box 16:State Wages, tips, etc:	21000
Box 17:State Income Tax	500

FORM W-2 #2:

Box b:Employer identification number	43-8885557
Box c:Employer's name, address, and zip code	(Non Military) United States DOD 95300 Pennsylvania Ave Washington DC 20044
Box d:Employee's social security number	400-00-4311
Box e:Employee's first name, initial, and last name	LATEST Y INSIGHTFUL
Box f:Employee's address and zip code	512 HOWARD DR SALT LAKE CITY, UT 84713
Box 1:Gross wages	2100
Box 2:Federal income tax withheld	400
Box 3:Social security wages	2100
Box 4:Social security tax withheld	130
Box 5:Medicare wages and tips	2100
Box 6:Medicare tax withheld	30
Box 15:State Employers State ID	UT 5611654001
Box 16:State Wages, tips, etc:	2100
Box 17:State Income Tax	50

LA TEST # 8 (OLD)

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 JONE DONE
 252-291-2345
 12456

PHONE:

PIN:

PREPARED BY:

TAXPAYER:NAME:

LATEST Y INSIGHTFUL

SSN:

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INVESTMENT SPECIALIST

DISABLED:

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YES

DAYTIME PHONE:

404-555-1020

LA TEST # 8

BLIND:

NO

CHECK DIGITS FROM IRS LABEL:

OT

ADDRESS:

512 HOWARD DRIVE
 SALT LAKE CITY, UT 84713
 QUALIFYING WIDOW(ER)

FILING STATUS:

LINE 6d:

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YEAR SPOUSE DIED:

2004

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO
MIGHTY INSIGHTFUL	10	400-55-3221	SON	12

**CHILD TAX
 CREDIT**
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EIC WORKSHEET

question 1

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question 2

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question 3

no

THIRD PARTY DESIGNEE:

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PH:

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AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNER:

109

TYLER DAVID LP La. Income 1820

735649821

MILITARY FAMILY ASSIATANCE FUND

100

DONATIONS

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LN 2

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LN 3

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LN 4

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Child Care Expenses

Louisiana 2400

Other State 600

LA TEST # 8**FORMS INCLUDED: FORM 1040, IT540 B**

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Home address (number and street)

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City, state, and zip

SALT LAKE CITY UT 84713

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Filing status

QUALIFYING WIDOWER

Year spouse died

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Line 6a: Yourself (exemption)

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Number of boxes checked on 6a and 6b

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Line 6c: Dependent #1:

Name

MIGHTY INSIGHTFUL

Social security number

400-55-3221

Relationship

SON

Qualifying child

X

Number of children who lived with you Line 6d:

Total number of exemptions claimed

2

Line 7: Wages, salaries, and tips

23100

Line 8a: Taxable interest

0

Line 8b: Tax-exempt interest

0

line 16a: Pensions and annuities

0

line 16b: Taxable amount of pensions and annuities (8915)

0

line 17: Rental real estate, royalties, Partnerships, etc.

1820

Line 21: Other income

Literal

Line 22: Total income

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Line 37: Adjusted gross income

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Line 73: OVERPAYMENT

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